

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

512761 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1			1				51		
2		1					52		
3	2		1				53		
4	1						54		
5	2		1				55		
6	2		1				56		
7	2		1				57		
8	1		1				58		
9	1		1				59		
10	2		2				60		
11	2		2				61		
12	2		2				62		
13	1						63		
14			1				64		
15			1				65		
16							66		
17							67		
18							68		
19							69		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	7		4				TOTAL IND.		
TOTAL DEP.	18	18	12	12			TOTAL DEP.		
TOTAL CLAIMS	20		16				TOTAL CLAIMS		